

It is the policy of Neighborhood Health Plan of Rhode Island (Neighborhood) to offer providers a process to request reevaluation of Neighborhood's payment decision regarding hospital readmissions.

- In order to request reevaluation of a payment decision, this form and any supporting materials related to the services rendered must be emailed to HRreevaluations@nhpri.org within 60 days of receipt of the remittance advice.

Providers should complete one Readmission Reevaluation Request Form for each individual claim.

1. Please complete all of the following:

Date of Request		Claim Number	
Member Name		Member ID Number	
Admission Date		Discharge Date(s)	

Facility/Provider Name			
Contact Name			
Contact Email		Contact Phone	

2. Justification for reevaluation:

3. Submit this completed form and supporting documentation via secure email to:

HRreevaluations@nhpri.org